

CONTINUING MEDICAL EDUCATION QUIZ

INSTRUCTIONS TO EARN 5 CME CREDIT HOURS

Using the reply sheet on page 3, answer all 20 questions below. Each question has only one correct answer. An answer key is provided on page 6 under article entitled Prostate Cancer Screening: Avoiding Liability.

- QUESTIONS -

- Which of the following prostate cancer screening guidelines is recommended by the American Cancer Society and the American Urological Association:
 - Annual screening with DRE, PSA and TRUS for men starting at age 65.
 - Annual screening with DRE and PSA for men starting at age 50.
 - Annual screening with DRE and PSA for African American men, and men with a family history of CaP starting at age 40.
 - All of the above.
 - B. & C. only.
- Opponents of screening point to all of the following factors to support their view EXCEPT:
 - The potential for adverse side effects from treatment.
 - Prostate cancer does not qualify as a major health concern, and therefore, does not warrant screening.
 - The possibility that some men will be treated unnecessarily.
 - Screening will place an economic burden on the health care system.
 - Insufficient data exists to clearly support early detection and treatment of prostate cancer.
- Hospitals must request information from the NPDB on an individual when he or she applies for a position on its medical staff and every two years on all privileged health care providers at the facility.
 - True
 - False
- The NPDB began receiving medical malpractice payment information in what year?
 - 1986
 - 1990
 - 1992
 - 1949
- At the end of 1995, the NPDB contained information regarding almost 100,000 malpractice payments.
 - True
 - False
- According to an analysis of "failure to diagnose prostate cancer" claims conducted by the PIAA, the three medical specialties most often involved in a claim include:
 - Urology, general surgery, general and family practice.
 - Internal medicine, emergency medicine, urology.
 - Pathology, internal medicine, urology.
 - Urology, general and family practice, and internal medicine.
- When examining malpractice claims involving misdiagnosis of myocardial infarction, the provider's initial erroneous impression is most commonly related to:
 - Anxiety.
 - Gastrointestinal Disorders.
 - Musculoskeletal pain.
 - Malingering.
 - None of the above.
- The PIAA study on myocardial infarctions made all the following recommendations, EXCEPT:
 - Document all complaints relative to location of pain.
 - Document any family history of heart disease.
 - Compare your evaluative studies to previous studies.
 - Maintain an increased index of suspicion for Emergency Department patients with chest pain.
 - If clinical suspicion persists, in spite of a negative electrocardiogram, recommend an exercise tolerance test.
- The authority by which courts hear and decide cases is technically called:
 - venue.
 - jurisdiction.
 - oversight.
 - stare decisis.
 - res ipsa loquitur.
- For purposes of risk management, a doctor prescribing medications should be guided by:
 - sound medical science and practice.
 - the current practice of house officers.
 - the latest court decisions.
 - all of the above.

CONTINUING MEDICAL EDUCATION QUIZ, cont'd

11. The law expects a physician, when prescribing a medication, to:
 - A. choose a drug that is clinically indicated.
 - B. secure if possible the patient's informed consent.
 - C. monitor as necessary the patient's clinical response.
 - D. all of the above.
12. When treating an incompetent person in an emergency situation, the law:
 - A. requires the health care provider to obtain consent for treatment from the person.
 - B. presumes the person would consent if able to do so, thereby allowing the provider to treat the emergent condition.
 - C. presumes the person would consent to treatment even when there is clear evidence that shows the person objects to life-sustaining treatment.
 - D. presumes the person would consent to any type of treatment for any existing condition that the physician wants to treat.
13. Parents are generally allowed great latitude in making treatment decisions except in cases involving life or limb, or cases where the law of the state in which the child resides provides the child with the right to make independent treatment decisions.
 - A. True
 - B. False
14. To which of the following should the health care provider give priority when determining whom to obtain consent from in order to treat an incompetent non-emergent adult patient?
 - A. the person named as guardian by a court order.
 - B. the former spouse of the patient.
 - C. the person named in a general power of attorney which the patient executed prior to becoming incompetent.
 - D. the person's next of kin.
15. Patients who experience Department of Veterans Affairs Medical Center related injuries can explore the following legal avenues in seeking compensation:
 - A. A medical malpractice claim under the Federal Tort Claims Act.
 - B. A claim for disability benefits under Title 38 of the United States Code, section 1151.
 - C. A medical malpractice cause of action in a state court where the alleged malpractice occurred.
 - D. All of the above.
 - E. A. and B. only.
16. A veteran's claim under section 1151 for disability or death incurred during VAMC hospitalization or treatment would be denied if the disability or death was determined to be the result of the veteran's own willful misconduct.
 - A. True
 - B. False
17. Prior to the 1996 legislative changes to 38 USC § 1151, in order to collect disability payments for disabilities arising out of care received at a VA medical facility, the claimant had to show:
 - A. that the alleged disability was a result of care or treatment received at the VA facility.
 - B. that the alleged disability occurred while the claimant was entitled to care under the VA system.
 - C. that the underlying alleged disability occurred while the claimant was connected, directly or indirectly, to military service.
 - D. that the alleged disability was a direct result of negligent medical care performed by a VA physician.
18. Under the *Tarasoff* decision, a provider must warn a third party of potential danger due to a patient's medical or psychological condition when:
 - A. there is any possibility that the patient may cause any harm to a third party.
 - B. the patient poses a serious danger of violence to an identified foreseeable patient.
 - C. the provider believes that it is in the best interest of the patient to inform the third party.
 - D. the provider has obtained the permission of the patient to do so.
19. In *Garcia*, the Texas Court of Appeals utilized certain rules for third party damages. According to that case, a person may collect damages for fear and mental anguish associated with HIV exposure regardless of whether they have actually contracted the virus.
 - A. True
 - B. False
20. In light of the *Tarasoff*, *Reisner* and *Garcia* cases, information regarding HIV:
 - A. is no longer considered private protected information.
 - B. may be released to a clearly identifiable third party who, without knowledge of this information, may be significantly harmed.
 - C. may be released to the general public to protect the public health and safety.
 - D. must never be released to a third party.

MEDICOLEGAL CME ANSWER SHEET

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Active Duty (Air Force, Army, Navy, USPHS)	Full-time Federal Civilian (e.g., DoD, VA)	Other
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Other physicians may participate and obtain 5 CME credit hours by entering an annual subscription for \$25. Payment should be made by enclosing a check or money order to the **American Registry of Pathology** along with the answer sheet.

Circle your answer to each question.

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